

# Military Suicide: A Comprehensive Approach to Suicide Prevention

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DEFENSE SUICIDE PREVENTION OFFICE



# Objectives

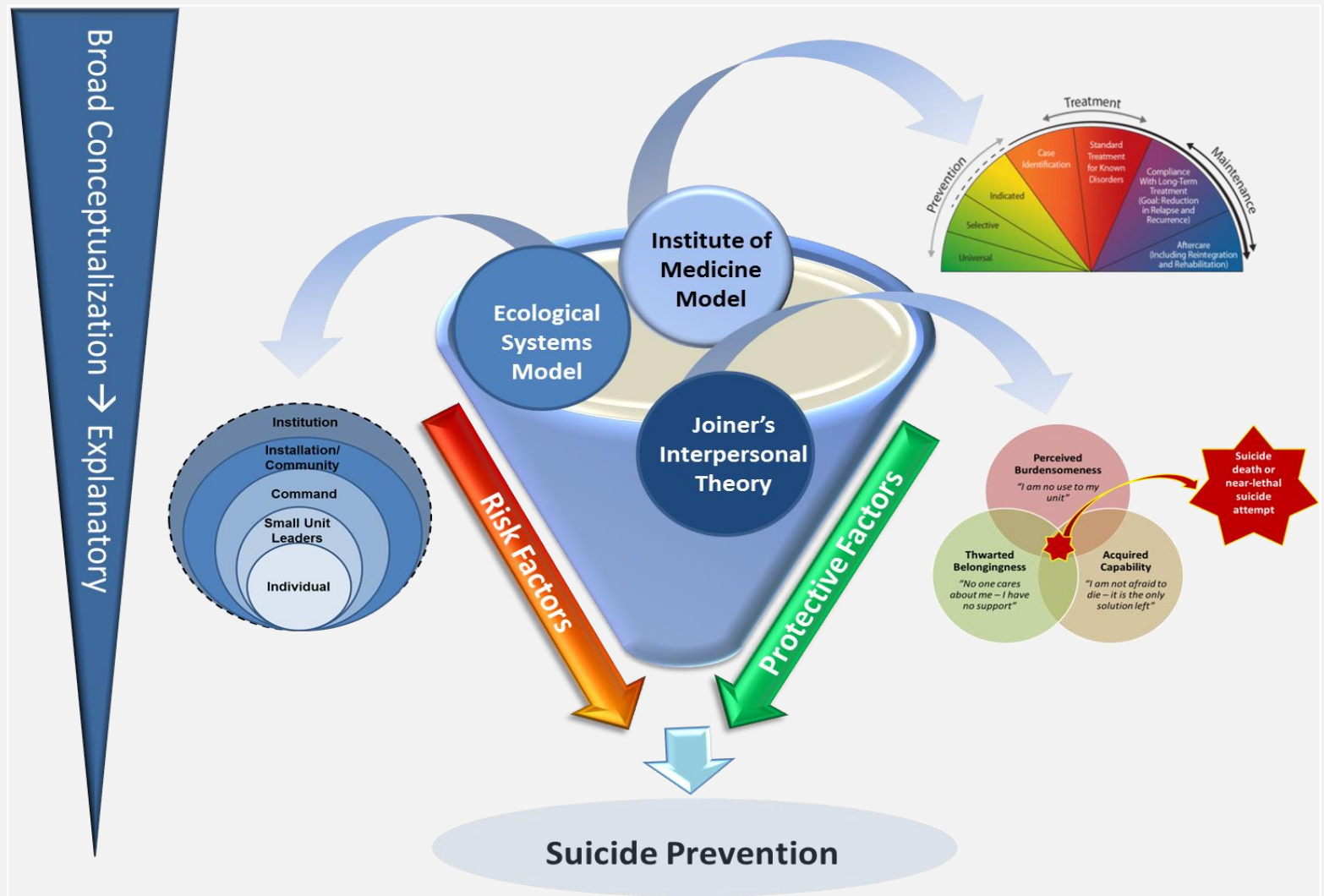
- Review DSPOs integrated model of suicide prevention and the public health continuum
- Illustrate the difference between the medical and public health models
- Review DSPOs targeted interventions
- Describe the role of firearms use in suicide
- Review means safety and its role in suicide prevention
- Review help-seeking results from the Status of the Forces – Active Duty survey (SOFS-A 2017)
- Review conclusions



## **DSPOs Public Health Approach and Targeted Interventions**



# DSPO Strategy: Integrating Models of Suicide Prevention





# Public Health Continuum

## Public Health Continuum\*

Prediction/Risk Factors  
(80% of all studies)

Stigma/Help-Seeking

Education/Training

Technology

Means Restriction

Media/Reporting

Policy

Community Services

Gatekeeper Training

We know  
what the risk  
factors are

Civilian  
research  
supports EBPs  
– can be  
translated,  
implemented,  
and evaluated  
for fidelity in  
military  
settings

\*Output from the Defense Suicide Prevention Research Analysis Tool (DSPRAT), which categorized the last five years of suicide prevention research and supports translation of research to practice.



# Community vs. Medical Model

	Community Model	Medical Model
<b>Definition:</b>	Designed to supplement and decrease the need for more costly inpatient mental health care delivered in hospitals. Maintains people in the community which decreases stigma of MH problems	Abnormal behavior is the result of physical problems and should be treated medically using a set of procedures (Tx/meds/therapy)
<b>What it is:</b>	Short-Term/Solution Focused – More accessible and responsive to local needs because it is based in a variety of community setting rather than aggregating and isolating individuals in medical setting (i.e., hospitals); Community, less intrusive interventions are utilized, first (chaplains; embedded counselors)	Medical / Longer Term Tx – An approach to pathology that aims to find medical treatments for diagnosed symptoms and syndromes and treats the human body as a very complex mechanism
<b>What it is not:</b>	In-patient treatment/interventions	Independent/patient decision making; cost effective; short-term; accessible
<b>Changes needed:</b>	A shift to a holistic public health model where a spectrum of community resources are leveraged to prevent suicide  Refine the assessment of suicide-- thoughts and behaviors of suicide operate on a continuum.	All thoughts of suicide need to be referred to MTF.

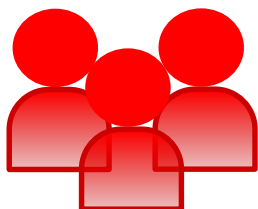


# Balanced Approach to Suicide Prevention

The Medical and the Public Health Approaches have a different focus but both contribute to successful suicide prevention strategies.

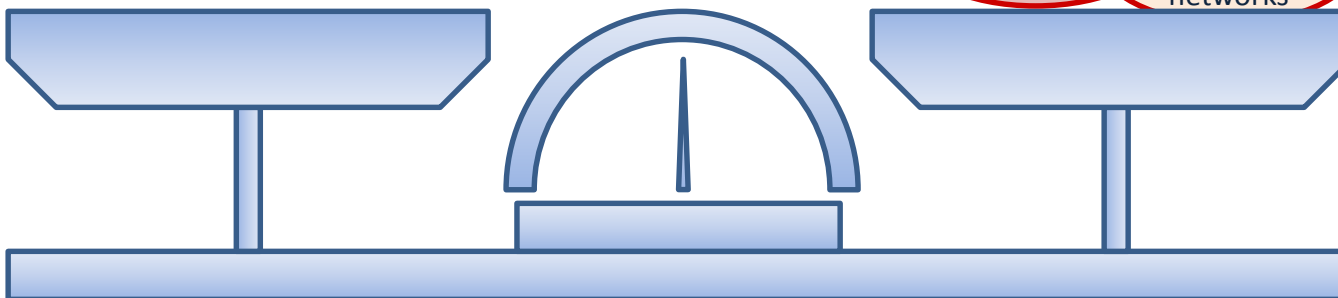
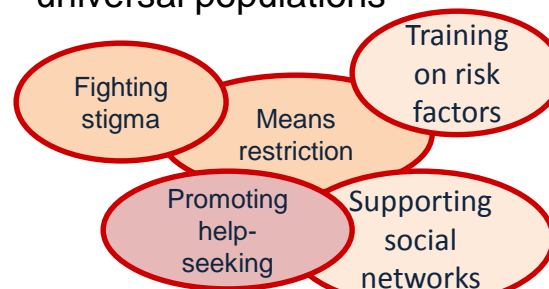
## Medical Approach

Clinical interventions targeted to selective and indicated high-risk populations and individuals



## Public Health Approach

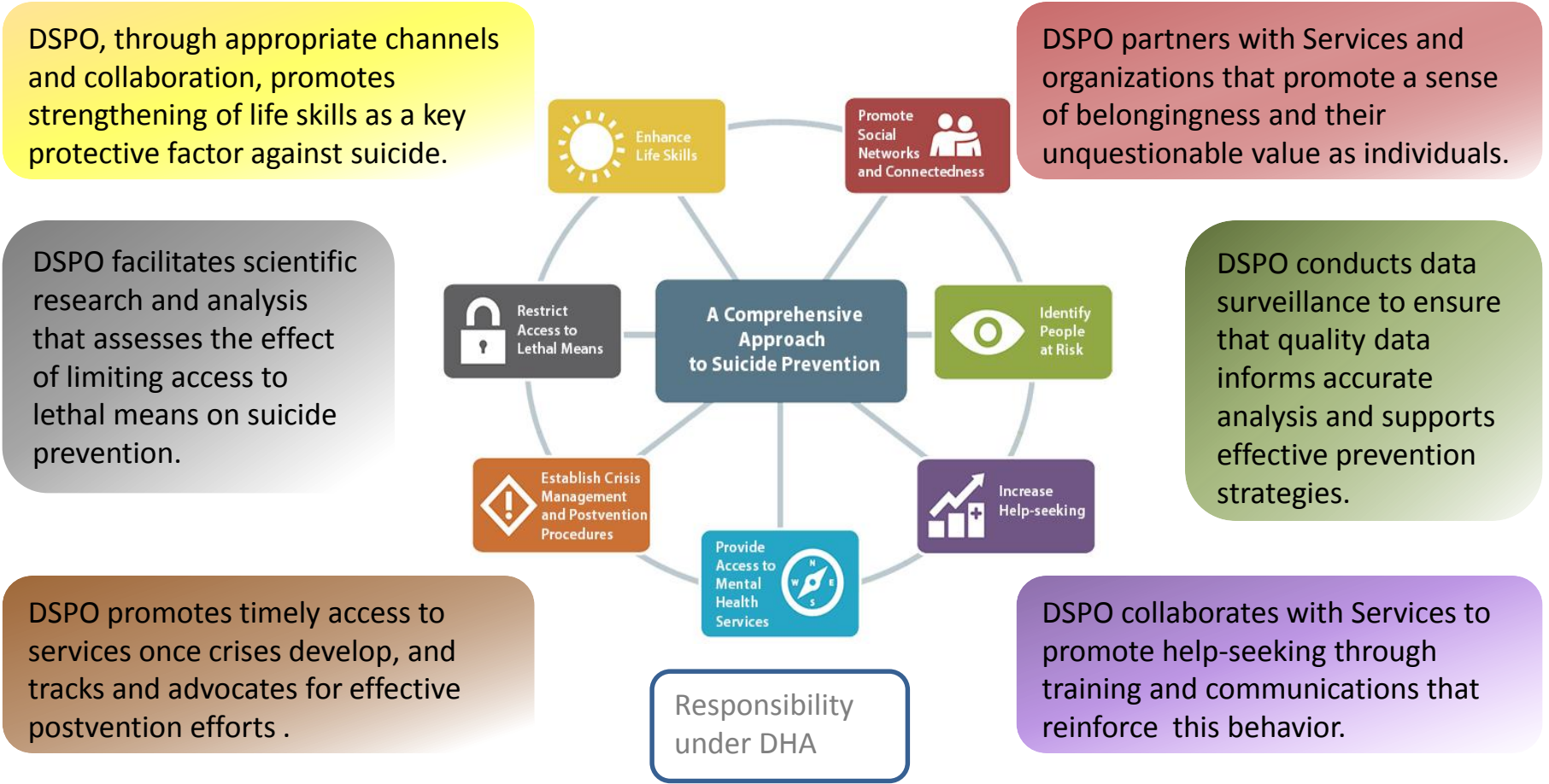
Non-clinical, community-based prevention targeted towards universal populations





# DSPO's Targeted Interventions

DSPO employs a variety of interventions to support suicide prevention.





## Means Safety



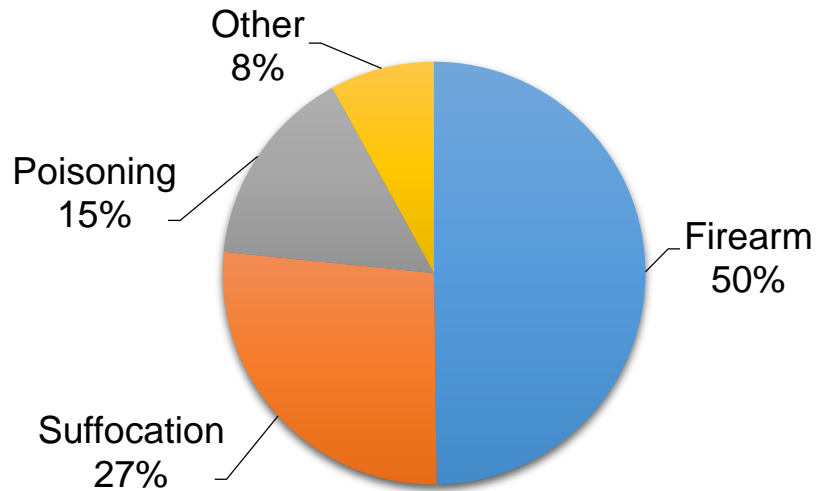
# Means Safety

- Research across the globe indicates means safety is the most effective strategy for reducing suicide rates
  - Putting time and space between a Service member and their firearm
  - Safe storage
- Firearms are the most common method of death by suicide among men in the general population
- Firearms are an even more common method of death by suicide among male Service members
  - In Calendar Year 2015, approximately 70 percent of Service member suicide deaths occurred via firearms
  - Firearms are also the most lethal suicide method



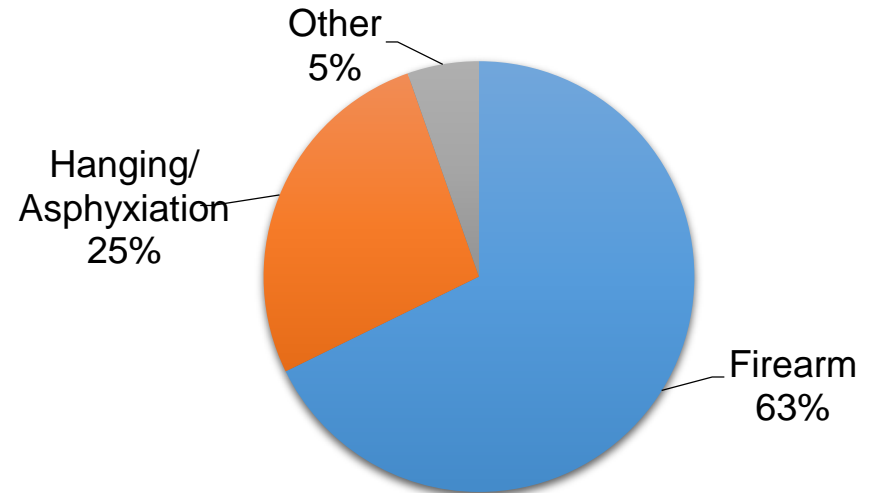
# Suicide Deaths - Means

**U.S. General Population**



\*2015 CDC  
U.S. Suicides by Method

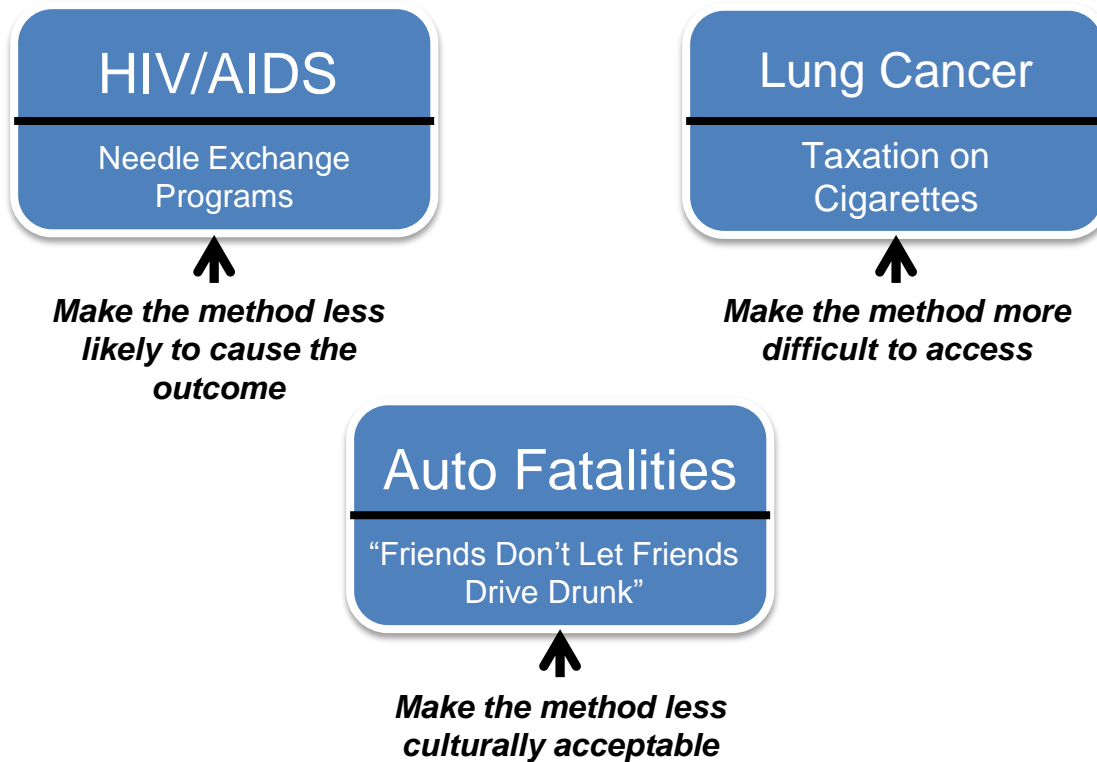
**U.S. Military**



\*2015 DoDSER Suicide Event Methods  
All Services



# Examples of Evidence-Based Means Safety Policies and Programs





# **Status of the Forces Survey (SOFS-A)**

## **Findings: Help-Seeking**



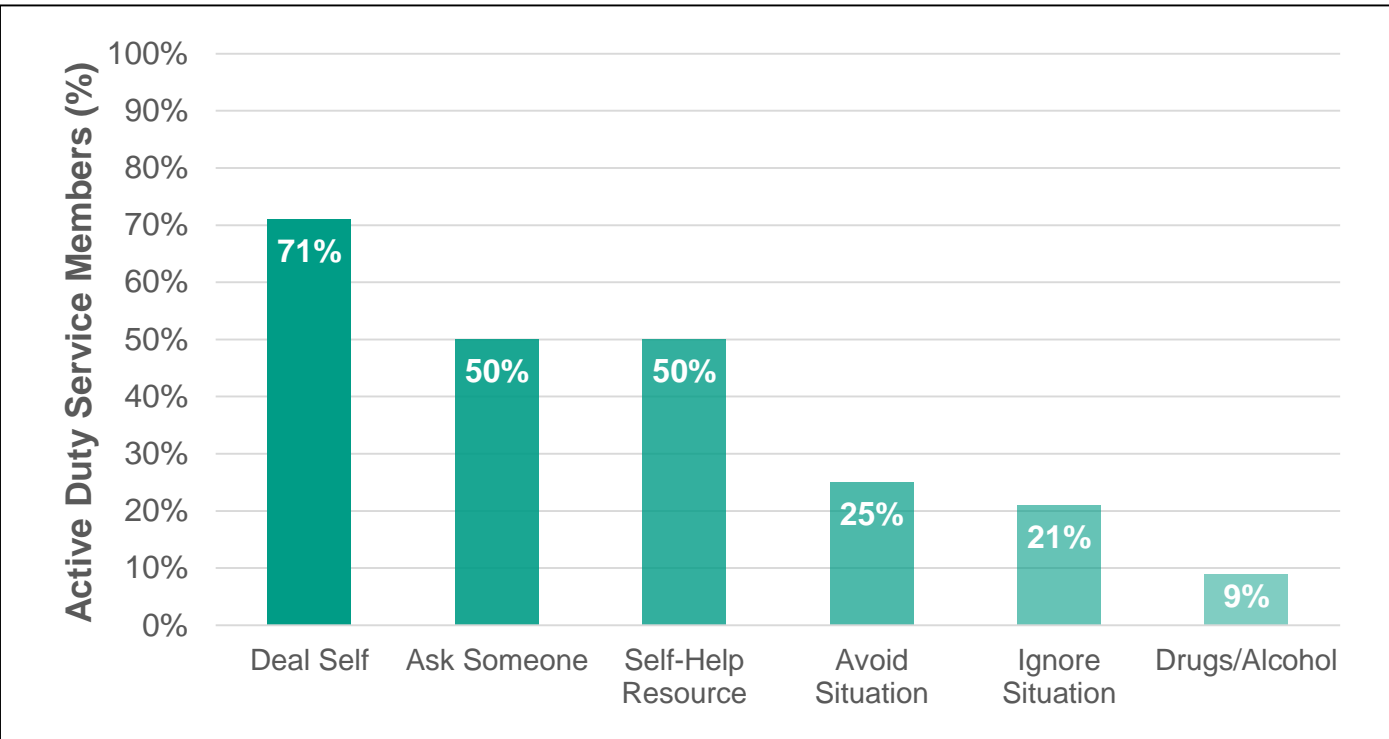
## **2017 Status of the Forces Survey – Active Duty (SOFS-A) Overview**

- The Status of the Forces Survey (SOFS-A) is a web-based survey of the active duty population
- The Department of Defense (DoD) Office of People Analytics (OPA) uses the SOFS-A to assess retention, satisfaction, tempo, stress, and readiness among active duty Service members
- DSPO leverages SOFS-A to supplement data surveillance in two key areas:
  - Suicide risk and protective factors in non-clinical populations
  - Attitudes and behavioral intentions resulting from universal suicide prevention efforts including help-seeking



# Results: Methods of Coping with Stress

Active Duty Report of Coping Methods for Stressful Situations



**Takeaway:** Service members more frequently report that they avoid seeking help from others in favor of self help.



# Results: Perceived Barriers to Help Seeking

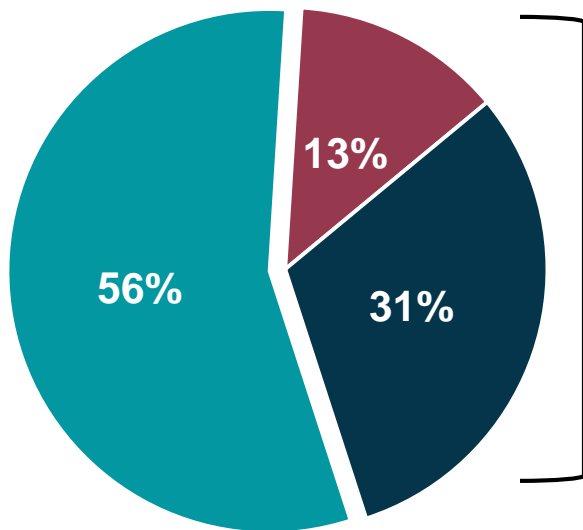


**Takeaway:** Stigma, confidentiality, career impact, and support structures are all major concerns for Service members in crisis.



# Results: Actual Barriers to Help Seeking

Percent of Ideaters / Attempters that Talked to Someone



■ Yes

■ No, But Considering Talking to Someone

■ No, and Never Considered Talking to Anyone

Reasons Not to Talk About Thoughts or Attempts

1. Didn't want anyone to interfere (51%)
2. Concern for negative career impact (51%)
3. Think less of self (42%)
4. Fear of security clearance impact (39%)
5. Did not think treatment would be confidential (38%)
6. Fear loss of coworker/supervisor confidence (38%)

**Takeaway:** As with general help seeking, self-stigma, confidentiality, career impact are all concerns



# Results: Help-Seeking Comparisons

**Military****Civilian/Personal**

## Would Seek Help From

1. Military Friend
2. Spouse/Significant Other
3. Civilian MH Professional
4. Military MH Professional
5. Civilian Friend
6. Spiritual Counselor
7. Sibling

## Actually Seek Help From

1. Military MH Professional
2. Spouse/Significant Other
3. Military Friend
4. Chain of Command
5. Civilian Friend
6. Parent
7. Spiritual Counselor

**Takeaway:** Service members reported that they would seek help from personal relations or civilian professionals, but they actually spoke to military mental health professionals. In practice, the chain of command is also a major source of help-seeking.



## Help-Seeking Takeaways

- Service members deal with stress on their own (**71%**)
- Perceived barriers to help seeking: stigma, career impact, confidentiality concerns
- Actual barriers to help-seeking: self-stigma, career impact, and confidentiality concerns.
- Service members would talk to personal contacts or civilian professionals about suicide events.
- Service members actually talk to military connected professionals and personal contacts about suicide events.



## Conclusions

- Suicide is the culmination of complex interactions between biological, social, economic, cultural and psychological factors operating at individual, community and societal levels that needs a comprehensive approach for prevention
- Suicide is a community problem that places the solutions with all members of the community and supports a public health approach to suicide prevention
- Leverage known Evidence Based Practices for implementation across DoD to include means safety and targeting problem solving of stressors and increased help-seeking among service members